

**OVERVIEW OF PROVIDER REQUIREMENTS**

Continuum of Care Reform – Effective 1/1/17

<b>PROVIDER REQUIREMENTS</b>	<b>NEW FFA</b>	<b>EXISTING FFA</b>	<b>NEW STRTP</b>	<b>EXISTING GH TO STRTP</b>
<b>ORIENTATION ATTENDANCE</b>	Required	N/A	Required	Required
<b>ORIENTATION FEES</b>	Required	N/A	Required	Waived
<b>APPLICATION FORM &amp; SUPPORTING DOCUMENTS</b>	Required	Update Information (As Required)	Required	Required
<b>APPLICATION FEES</b>	Required	N/A	Required	Waived
<b>OBTAIN COUNTY LETTER OF RECOMMENDATION FOR PROGRAM</b>	Required	Not Required	Required	Required
<b>PLAN OF OPERATION</b>	Required	Update Information (As Required)	Required	Update Information (As Required)
<b>LICENSING FORMS</b>	Required	Update Information (As Required)	Required	Required
<b>PROGRAM STATEMENT</b>	Required	Update	Required	Required
<b>SUBMIT PROGRAM STATEMENT TO COUNTY PLACING AGENCY</b>	Required To Obtain a Letter of Recommendation	Required For Optional Review by Counties	Required To Obtain a Letter of Recommendation	Required To Obtain Letter of Recommendation
<b>NATIONAL ACCREDITATION</b>	Required	Required	Required	Required
<b>MENTAL HEALTH PROGRAM APPROVAL</b>	N/A	N/A	Required	Required
<b>MEDI-CAL CERTIFICATION</b>	Suggested	Suggested	Required	Required